

Borough of Spring City

Commercial/Industrial/Institutional Building Permit Application

Permit# _____

Applicant _____ Phone No. _____

Address _____

Work Location _____

Project Description _____

Building Contractor _____ Phone No. _____

Address _____

PA#

Type of work: **New** **Alteration/Renovation** **Addition** **Repair** (Circle One)

Use Group _____ Construction Type _____ Total Area _____ Sq. Ft

Total Bldg Stories _____ Total Bldg Height _____ Total Bldg Width _____ Total Bldg Length _____

If permit is for an Addition, the dimensions of the new addition are :

Added Bldg Stories _____ Added Bldg Height _____ Added Bldg Width _____ Added Bldg Length _____

Sprinkler System: Existing To be added To be added to existing system Not required (Circle One)

Kitchen Suppression: Existing To be added To be added to existing system Not required (Circle One)

Accessibility Requirements apply: **YES** **NO** **(Circle One)**

Accessibility: Existing To be added To be added to existing system Not required (Circle One)

Zoning District: _____ **Setbacks: Front:** _____ **Side:** _____ **Rear:** _____

NOTE: This permit is issued contingent upon all work being in compliance with the current approved UCC/ICC Building Code, including all supplements and applicable Borough Ordinances and Regulations. Applicant certifies that all information supplied is correct and only the work specified in this permit will be performed.

Application date _____ **Applicants Signature** _____

Project Cost _____ **Permit Fee** _____

Issue Date _____ **Approved/Denied** _____